

**RFP03-661005-17 – Appendix B – Attachment 1****CHECKLIST AND CERTIFICATION**

APPLICANT: \_\_\_\_\_

PROPOSED BUDGET DATES: \_\_\_\_\_ THROUGH \_\_\_\_\_

Title	Included		Reason
	Yes	No	
1. Independent Audit - Previous Fiscal Year *			
3. Internal Revenue Service Form 990			
Form 2 - Face Sheet			
Form 3 - Service Description (A-K)			
Form 4A - Employee Compensation -			
Assignment to Services			
Form 4B - Disclosure of Employee Benefits -			
Employer Provided			
Form 5 - Fixed Assets			
Form 6A - Restricted Funds			
Form 6B - Revenues			
Form 8 - Rate Computation Schedule			

\* An independent audit must be provided when responding to a Request For Proposal. For other budget submissions it is only required by the requesting CSB if one is not already on file with the CSB requesting the budget. It is however still a requirement of the Department of Rehabilitative Program Services (DRS) if applicable.

\*\*A Program Evaluation/Quality Assessment is only required as part of budget submission to DRS.

I certify that the information submitted in and with this application package is true and complete and that the services meet all applicable licensing and/or certification standards.

\_\_\_\_\_  
SIGNATURE - AUTHORIZED REPRESENTATIVE\_\_\_\_\_  
DATE\_\_\_\_\_  
TITLE